

# Municipality of WEST ELGIN



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## PRE-AUTHORIZED PAYMENT PLAN

### Taxpayer And or Water/Sewer Information

**First Name**

**Last Name**

**Street Address**

**City**

**Province**

**Postal Code**

**Phone Number**

**E-mail**

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**Property Roll Number**  
(19 digits) ex:  
34-34-000-000-00000-00  
00

**Property Roll Number**

**Property Roll Number**

**Property Roll Number**

**Water/Sewer Account**  
**Number**  
ex: 000000000 (9 digits)

**Water/Sewer Account**  
**Number**

**Water/Sewer Account**  
**Number**

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**TYPE OF PLAN(S) being requested (see below for definitions and additional terms)**

**Taxes**

**Monthly Plan (10 Payments)**

**Installment Plan (4 Installments)**

**Water/Sewer**

**Billing Due Date (6 Installments)**

**FINANCIAL INSTITUTION INFORMATION:**

**Name of Financial Institution**

**Branch Address**

**City**

**Province**

**Postal Code**

**Bank Number**

**Transit Number**

**Acct. Number:**

***\*Be sure to include a void cheque with this application\****

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**DEFINITIONS**

Monthly Plan (Tax Accounts Only) – Payments will be withdrawn from the specified account on the last business day of each month. February to August payments will be based on the prior years tax levy. That amount will be divided by 10 and the resulting number will be rounded up to the next even dollar. The September to November amounts will be determined by taking the Current years taxes and subtracting the payments that have been made. The remaining amount will divided equally over the last three months.

Installment Plan (Tax Accounts Only) – Payments will be withdrawn from the specified account on the last business day of the month that the installments are due on. The amount of the withdrawal will equal the tax installment due in that month.

Billing Due Date (Water / Sewer Accounts Only) – Payments will be withdrawn from the specified account on the same date as the water / sewer billing shows as a due date.

**TERMS AND CONDITIONS**

The Customer acknowledges that, in order to revoke, cancel, or change this Authorization, the Customer must provide notice of revocation or cancellation to the Company. This Authorization may be revoked or cancelled at any time upon notice being provided by the Customer in writing with proper authorization to verify the identity of the Customer, within 10 days before the date of the next debit. Cancellation or revocation of this Authorization does not terminate any contract for goods or services that exists between the Customer and the Company. This Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged between the Customer and the Company. The Customer may obtain further information on their right to cancel a Pre Authorized Debit Agreement, at their financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca). I/we have certain recourse rights if any debit does not comply with this agreement. The Customer warrants that all information provided with respect to the above account is complete and accurate. A specimen cheque for this account has been marked "VOID" and is attached to this Authorization. The Customer acknowledges that any delivery of this Authorization to the Company constitutes delivery by the Customer to the Company and the Bank. The Customer warrants and guarantees to the Company and the Bank that all persons whose signatures are required to sign on the above account have signed this Authorization. The Customer acknowledges that it has read, understands, and accepts the terms and conditions of this Authorization. The Municipality of West Elgin will charge a NSF fee, plus any applicable interest and or penalty, for any payment which cannot clear your bank. If more than two payments are returned by your bank you will be removed from the pre-authorized payment plan without further notice.

I/we, as the above account holder(s), do hereby authorize the Municipality of West Elgin and my/our financial institution to debit my/our account for payment of taxes and/or water/sewage charges. This authorization may be cancelled at any time upon written notice by me/us. (signatures on cancellation should be the same as those on this plan request.) I agree we/I have read the terms and conditions.

**Signature(s)**

**Date**

**Date**

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**FOR OFFICE USE ONLY**

**Date Account Added**

**Withdrawal  
Start Date**

**Date Letter  
Sent**

**Total Taxes**

**Less Pymts.  
Received (if any)**

**Balance**

**Number of  
Months**